

The purpose of Redwoods Rural Health Center is to provide responsive, preventive, high quality primary health care services, through a variety of healing disciplines, to all people without regard to social or economic status. We emphasize the client's right and responsibility to participate in his or her own health care decisions. It is our hope that the clinic be a place where the needs of the whole person are met--body, mind, and spirit.

**Redwoods Rural Health Center
Board of Directors Meeting
April 22, 2008
6:00PM in the Meeting Room
at the Redway clinic**

Board Members Present: Thad Horner, Shelby, Shon Wellborn, Mary Whitmore, Pamela Moore, Troy Harrington-Dean, Kathy Epling

Board Members Absent: Rick Silva, Dee Way (new baby!!)

Staff Present: Eric Fimbres, RRHC Executive Director

Board President Thad Horner brought the Meeting to order at 6:03 PM and explained the changes in meeting format that the Executive Committee has been considering. He passed out a document that was presented to Eric Fimbres on April 21, 2008 by Thad and Kathy, detailing some of the changes desired.

Thad proposed that tonight the changed format be tried. Kathy assured the board that should they find they did not think the new format worked we could return to the old.

One of the changes is that the department heads, whose useful written reports are in the board packet, will no longer be required to attend board meetings. Rather the board hopes to have special presentations during the year from each department, of issues or advances, problems or disclosures, that the department heads believe the Board should know about.

Questions and responses to the departmental reports from the Board will be an item on the agenda. Any questions needing to be referred to a given provider for an answer will be noted in the minutes, and the Executive Director will have the task of making certain the requisite person is asked to supply an answer. In many cases the board expects the ED will have a ready answer on his own.

With the time saved by such a change, the Board itself might usefully discuss key issues.

Another format change is the introduction of a consent agenda, in which basic housekeeping issues like approval of the minutes be done all at one time. There was some discussion of whether approval of the financials should be part of the consent agenda, and Thad asked treasurer Shon Wellborn her opinion. Shon said that certainly they could be, and that if there were an issue requiring more scrutiny she would see that they were pulled from the consent agenda.

Any item that any board member believes to warrant further discussion or individual scrutiny can always be pulled from the consent agenda.

This is the consent agenda for this meeting:
a. Approve Agenda/make changes/additions

- b. Approve the March 2008 Finance Committee and Board Minutes
- c. Accept the monthly financial report
- d. Accept the division reports
- e. accept the monthly CQI report.

Troy Harrington-Dean suggested that at the end of our meeting we add an advance agenda, a time at which issues we wish to have on next months agenda would be noted.

The board agreed that this is a great idea.

The Board response to Departmental Reports will follow the Executive Director's report.

With these changes there was a motion made to accept the Agenda (we are just learning how to handle a consent agenda, obviously: secretarial note)

Shelby made the motion, Shon Wellborn seconded it, and it Passed, unanimously.

Shelby agreed to be timekeeper.

MOTION: That the consent agenda be approved.

This motion was made by Shon Wellborn and seconded by Mary Whitmore

MOTION PASSED unanimously (and with much delight in time saved)

In the period devoted to correspondence and public comment, Eric shared his recent letter to Clif Anderson regarding issues with the School District. The letter will be filed with the minutes.

He passed out his Executive Director report.

He discussed a suggestion from Southern Trinity that we use their pediatrician via our telemedicine connection; he has talked with Eureka Pediatrics about this, and they are fine with the concept. He informed the board that Eureka Pediatrics may be raising their cost to us, but that RRHC intends to keep using their services; the doctors are much liked in the community and enjoy coming down to see our clients.

Eric informed the board of the possible consequences of proposed state budget cutbacks. Major cuts in dental and mental health services are still being considered at the state level, but there is ongoing intensive lobbying. Another proposal has been offered which will cut some services (saving perhaps 52 million dollars) but which will not eliminate services in mental and dental health entirely.

There was some concerned discussion.

Eric said RRHC is trying to prepare for August, when once again the state will be withholding funding from the community health clinics. Jeanie Eldridge and Jim Gergits have been directed to consider strategies to get our center (and our clients) through that difficult period.

Gary Bess is working on our 330 application; Eric said it is a good job and he is confident of the data used. August is the deadline for submission of this application.

HRSA (the secretary would tell you what those letters mean, but she doesn't recall at the moment) is revising the standards by which they determine HPSA status (that's Healthcare Professional Shortage Area). (things like the National Health Service scholarship program depend

on our HPSA designation; that is, upon being recognized as an area in which there are not enough medical professionals to serve the population fully).

Eric discussed various options being considered.

Eric updated the board on his contacts with the Shelter Cove area and progress on the potential clinic for that area.

Heather Bonser Bishop prepared a report on whether or not RRHC should consider a school based clinic. She recommended that this not be included in the current 330 application, but that if we go this route we include it in a later expansion request.

RRHC is considering Next-Gen, a practice management system currently in use by Planned Parenthood and Southern Trinity. There was much discussion of this, including the possibility of shared medical records with local sites (like the local hospital and hospital clinic), and possibly joint purchase.

RRHC is moving towards a 4 day, 10 hour work schedule for providers. Questions, answers, and discussion followed this announcement. This will add 6 more patient slots per day. Eric will be consulting Jason Eads about legal considerations. Shon Wellborn asked if staff needed to vote for this change, and what the position of dissenting employees might be; Eric will check with Jason.

The board thanked Eric for his detailed information and his very hard work on behalf of RRHC.

Thad had some observations and questions relating to the departmental reports.

1. In the medical division report it is noted that Mark Mowrey had answers to questions raised by the board at the last board meeting regarding his research into how many clients who are given referrals actually manage to get to their referred provider, and how long it takes. Thad (and the rest of the board) would like to know what specific answers Mark did come up with.

In this regard, Shelby wondered if it might be possible to note which sort of referral was most often not followed through upon (or which were followed through).

2. Thad wanted to know what Allscripts is. Eric explained that it is an electronic script program which we are testing. The drawback discovered thus far is that providers must return to their desktop computers to run it; it would be better if somehow it could run on their palm pilots.

3. In the Behavioral Health report it is noted that Gail Eastwood attended an EIP conference. Thad (and the rest of the board) wondered what that was. Eric wasn't sure what the acronym denotes, but said it had something to do with her service to the HIV/AIDS clients.

The Board would like to suggest that when providers or department heads prepare their written reports they take time to spell out acronyms. This would be very helpful.

4. Thad wished to know how much the new item acquired by the dental department (a vacuum forming machine) cost. The board was delighted to hear it cost \$260. We have been accustomed to much pricier equipment purchases.

5. Kathy Epling noted that in the Medical Division report there is a mention of Dr. Hunter seeing his clients through the RRHC telemedicine program. She wondered how the financial arrangement for such a thing might work. Who would receive payment? Eric told the board that

in fact this was simply an idea in passing; there is not a firm plan to do this. If such a thing were to be done, of course RRHC would be paid.

The Board went on to New Business, and discussed the possibility of having Board to Board meetings or conversations between the RRHC board and the Healthcare District Board.

Eric has mentioned this concept a number of times, since the reports on decreasing patient numbers for both institutions were produced.

Eric was asked what goals he foresees as desirable, what format, who would be involved.

There was lively and intelligent discussion. The concept would be to somehow work towards a community healthcare delivery system in which the autonomy of the individual institution was preserved but in which useful collaboration could happen.

How can we complement one another?

How can we maximize funding opportunities?

Although the board feels strongly that administration and providers need to be involved in the discussion, it was agreed that at first the contact should come from our board to their board.

We need to ask their board what they would want; perhaps we could come up with 3 goals and invite them to come up with 3 (or more) in response.

The executive committee will draft a letter; Shon Wellborn offered to come up with the first draft and run it past other committee members, detailing some of our concepts, such as

1. We wish to proactively address patient exodus
2. We'd like to share technology, when possible
3. We'd like to seek collaboration between boards and between providers.

The RRHC board wishes to be diplomatic and positive in this effort. There was considerable discussion of public image and public perception.

Pamela Moore asked who is currently on the Healthcare District Board of Directors. The current directors (there are five) are Steve Bowen (President of the board), Nancy Wilson, Corrine Stromstad, Mike Thompson, and Darryl Cherney.

Shelby noted that Carol Lee is still potentially interested in becoming a board member. She may come to the next board meeting.

MOTION: That the board adjourn into executive session.

Kathy made the motion which was seconded by Troy

MOTION PASSED unanimously.

The board went into closed session at 7:25 and returned to open session at 7:37PM.

Shelby noted that she had just come from a marketing workshop. She felt that RRHC needed to seriously engage in marketing. She had learned all sorts of things at the workshop.

The next finance committee meeting is at 5PM on May 27, 2008 at the Redway Clinic.

The next board meeting is at 6PM on May 27, 2008 at the Redway Clinic.

Advance agenda items:

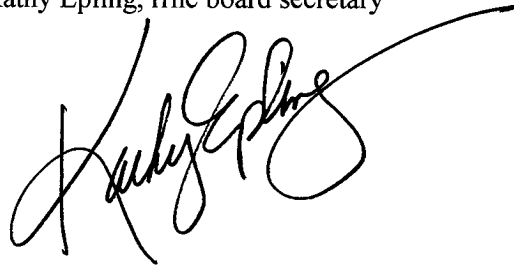
1. followup on the Board/Board collaboration effort
2. Shelby will discuss what she learned at her marketing workshop and how it applies to RRHC.
3. a report on how the 4 day work week concept is working out.

MOTION: That the meeting be adjourned.

The motion was made by Mary Whitmore, seconded by Kathy Epling, and **PASSED unanimously.**

The meeting adjourned at 7:47PM.

respectfully submitted, Kathy Epling, rrhc board secretary

A handwritten signature in black ink, appearing to read "Kathy Epling", with a long, sweeping horizontal line extending to the right from the end of the signature.